



# Motor Vehicle Division

46-4416 R02/05 www.azdot.gov

Mail Drop 504M  
Records Unit  
Motor Vehicle Division  
PO Box 2100  
Phoenix AZ 85001-2100

## MOTOR VEHICLE RECORD REQUEST

- Must be **signed and notarized** on the back
- At least one **permissible use must be checked** (under federal law)
- See required **fees** below

The manner in which the Motor Vehicle Division (MVD) may release information from its driver license or motor vehicle records is regulated by the Federal Driver's Privacy Protection Act (or DPPA), 18 USC 2721-2725 and Title 28, Chapter 2, Article 5 of the Arizona Revised Statutes. It is the responsibility of the individual or entity making a request to gain knowledge of all state and federal laws which govern access to and use of MVD records, and to determine eligibility under these laws.

Anyone who knowingly obtains, discloses, or uses personal information from an MVD record for a use not permitted under 18 USC 2721, and anyone requesting the disclosure of personal information who misrepresents their identity or makes a false statement in connection thereto with the intent to obtain such information in a manner not authorized by law, is subject to civil and/or criminal penalties.

### Driver Record – All three criteria are required by state law, unless exempt (see below)

Record Type <input type="checkbox"/> Uncertified 39-Month <input type="checkbox"/> Certified 5-year	1. Licensee Full Name (first, middle name or initial, last, suffix)	
2. Arizona Driver License Number <input type="checkbox"/> Has not applied for license <input type="checkbox"/> License is suspended or revoked	3. Date of Birth or license expiration date (month/day/year)	

### Vehicle Record – All three criteria are required by state law, unless exempt (see below)

Record Type <input type="checkbox"/> Uncertified <input type="checkbox"/> Certified	1. Owner Full Name (first, middle name or initial, last, suffix)	
2. Arizona License Plate Number <input type="checkbox"/> No plate has been issued	3. Vehicle Identification Number	

### Requester Information – proof of identification required

Requester Name (first, middle, last, suffix)	Driver License Number or Other ID	Daytime Phone Number ( )	
Mailing Address	City	State	Zip
Representing (name of business or other organization)			
Reason For Record Inquiry			

### Exemptions – I am entitled to the following exemption from the requirement to provide all three criteria (proof required):

- ☐ Licensed private investigator
- ☐ Financial institution or enterprise under the jurisdiction of the Arizona Banking Department or a federal monetary authority
- ☐ Federal, state, or local government agency or persons acting for the agency (no fee required)
- ☐ Attorney registered with State Bar of Arizona (Record requested must be relevant to a pending or potential court proceeding.)
- ☐ Motor vehicle dealer, licensed and bonded by MVD, or a state organization of licensed and bonded motor vehicle dealers
- ☐ Motor vehicle insurer under the jurisdiction of the Arizona Department of Insurance (39-month record only. Must provide 2 of the 3 criteria.)
- ☐ A person involved in an accident or the owner of a vehicle involved in an accident (May receive record of any vehicle involved or of any person operating a vehicle involved. Proof of involvement required. Must also complete form # 46-0200.)
- ☐ Applicant for a bonded Arizona title or for a vehicle abandoned at a self-storage facility, in order to contact the registered owners of the vehicle (Must provide MVD vehicle inspection document.)
- ☐ **Your driver record** – Must provide full name and date of birth.
- ☐ **Your vehicle record** – Must provide full name, and license plate number or vehicle identification number.

### Fees (per record or document)

	Uncertified	Certified		Uncertified	Certified
Over-the-Counter (while you wait)	\$3.00	\$5.00	Drop-off	\$2.00	\$5.00
Mail-in (must be notarized)	\$3.00	\$5.00	Supporting microfilm documents	\$3.00	\$5.00

### MVD Use

Record Located <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount Paid	Check Number	Customer Number	Date Paid	MVD Agent
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## Permissible Uses

I understand that the DPPA requires me to have a "permissible use" for requesting and receiving an MVD record that contains personal identifying information (e.g., a person's driver license photograph/image, social security number, driver license number, name, address and medical/disability information). Based on the specific uses checked below, I hereby certify that I am entitled to obtain the requested record under the authority of 18 U.S.C. 2721:

- ☐ I am requesting a copy of my own record.
- ☐ I have obtained the written consent of the individual whose record is being requested. (You must attach a signed and notarized Consent to Release Motor Vehicle Record, form # 96-0276.)
- ☐ I am acting on behalf of a federal, state or local government agency (as named on the front side) and the record will be used to carry out the official functions of that agency.
- ☐ I am an attorney licensed to practice law in this state or a licensed private investigator, and the record will be used in connection with a civil, criminal, administrative or arbitral proceeding in federal, state or local court, or a proceeding held before a government agency or self-regulatory body (such permissible use may include the service of process, investigation in anticipation of litigation, and the execution or enforcement of judgments and orders, or other actions taken pursuant to a court order). Attach copy of relevant court order or judgment, if applicable.

Professional License Number	Court Name and Case Number (if available)
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- ☐ I am an employer or its agent or insurer, and the record will be used to obtain or verify information relating to a holder of a commercial driver license.
- ☐ I am an owner or an authorized agent, employee or contractor of an insurance company, insurance support organization or self-insured entity (as named on the front side) and the record will be used by such company, organization or entity in connection with its claims investigation activities, antifraud activities, rating or underwriting.

Unless a request is made for one or more of the above permissible uses, the record released by MVD **will not** contain the person's driver license photograph/image, social security number or medical/disability information.

- ☐ I am an owner or an authorized agent, employee or contractor of a legitimate business (as named on the front side) and the record will be used in the normal course of that business, **but only** 1) to verify the accuracy of the personal information submitted to the business by the individual whose record is being requested, and/or 2) to obtain correct information about this individual for purposes of preventing fraud, pursuing legal remedies or collecting a debt or security interest against the individual.

Federal Tax Identification/Vendor or Professional License Number	Applicable Licensing Agency
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- ☐ The record will be used in connection with matters of motor vehicle or driver safety and theft; motor vehicle emissions; motor vehicle product alterations, recalls, or advisories; performance monitoring of motor vehicles, motor vehicle parts and dealers; motor vehicle market research activities, including survey research; and removal of non-owner records from the original owner records of motor vehicle manufacturers.
- ☐ The record will be used in performing research activities and for use in producing statistical reports, **but will not** be published, redisclosed or used to contact individuals.
- ☐ The record will be used in providing notice to the owners of towed or impounded vehicles.
- ☐ I am an owner or authorized representative of a licensed private investigative agency or licensed security service (as named on the front side) and the record will be used **only for one of the permissible uses listed above or below**. (You must indicate a second permissible use in accordance with the DPPA).
- ☐ The record will be used in connection with the operation of a private toll transportation facility.
- ☐ The record will be used for a purpose specifically authorized by ARS 28-450 relating to a vehicle accident, bonded title, self-storage vehicle foreclosure sale or motor vehicle dealer. If a request is being made for any other use that is specifically authorized by law and is related to the operation of a motor vehicle or to public safety, you must specify both, the reason for your request and the law. A request made on this basis must also be reviewed and approved by MVD management before any record is released.

## Certification

I hereby certify, under penalty of perjury, that any records or information obtained pursuant to this request will be used solely for the uses indicated on this form, and for no other use. I understand that I am prohibited from selling or disclosing the personal information set forth in these records, except in accordance with applicable law. I further acknowledge that the Motor Vehicle Division, by giving me access to the requested record information, is relying on the truth of the representations contained on this form, and I am intending that MVD so rely. I therefore agree to defend, hold harmless and indemnify MVD and any of its officers, employees, agents or contractors, from all actions brought or damages alleged by reason of the negligent, improper or unauthorized use or dissemination of the information provided to me by MVD.

Requester Name (first, middle, last, suffix)		Requester Signature	
Acknowledged before me this date.		Notary or MVD Agent Signature	
Date	County	State	Commission Expires